## **APPLICATION DATA SHEET**

Application Information	
Application Number:	
Filing Date:	February 5, 2004
Application Type:	Regular
Subject Matter:	Utility
Suggested Classification:	
Suggested Group Art Unit:	
CD-ROM or CD-R:	
Number of CD disks:	
Number of Copies of Cds:	
Sequence Submission:	
Computer Readable Form (CRF):	
Number of Copies of CRF:	
Title:	Dynamic Storage Compartment for Vehicle Door
Attorney Docket Number:	2152.008
Request for Early Publication:	
Request for Non-Publication:	
Suggested Drawing Figure:	
Total Drawing Sheets:	14 sheets
Small Entity	Yes
Petition Included:	
Petition Type:	·
Licensed US Govt. Agency:	
Contract or Grant Numbers:	
Secrecy Order in Parent Application:	

Applicant Information	
Applicant Authority Type:	Inventor
Primary Citizenship Country:	United States of America
Status:	Full Capacity
Given Name:	Dolores
Middle Name:	
Family Name:	Kaiser
Name Suffix:	
City of Residence:	North Palm Beach
State or Province of Residence:	Florida
Country of Residence:	United States of America
Street of Mailing Address:	336 Golfview Road, Apt. 1001
City of Mailing Address:	North Palm Beach
State or Province of Mailing Address:	Florida
Country of Mailing Address:	United States of America
Postal or Zip Code of Mailing Address:	33408

Correspondence Information		
Correspondence Customer Number:	21917	
Name:	McHALE & SLAVIN, P.A.	
Street of Mailing Address:	2855 PGA Boulevard	
City of Mailing Address:	Palm Beach Gardens	
State or Province of Mailing Address:	Florida	
Country of Mailing Address:	United States of America	
Postal or Zip Code of Mailing Address:	33410-2910	
Telephone:	(561) 625-6575	
Facsimile:	(561) 625-6572	
E-Mail Address:	palmbeach@mspatents.com	

Representative Information		
Representative Customer No. 21917	Registration Number	Name

	Domestic Priority Information		
Application	Continuity Type	Parent Application	Parent Filing Date

	Foreign Priority Information		
Country	Application Number	Filing Date	Priority Claimed
<u> </u>			

Assignee Information	
Assignee Name:	
Street of Mailing Address:	
City of Mailing Address:	
State or Province of Mailing Address:	
Country of Mailing Address:	
Postal or Zip Code of Mailing Address:	

,